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### **Spinal Injection Patient Information**

Your physician has recommended that you receive a spinal injection for diagnostic and/or therapeutic purposes. This handout will provide general information pertaining to your injection experience. Additional, specific details about your injection can be found at: [www.DenverBackPainSpecialists.com](http://www.DenverBackPainSpecialists.com) > **Educational Videos and Brochures**. Our medical practice team will answer any other questions you may have.

Your injection may target specific structures within the cervical (neck), thoracic (mid-back), or lumbosacral (low back) regions. **Facet blocks** involve injection of local anesthetic and corticosteroid into the joints that connect one spinal bone to the next. **Medial branch blocks** anesthetized (numb) the small nerve branches that go to the facet joints. **Sacroiliac joint injections** target those joints in the pelvis and include injection of anesthetic and corticosteroid. **Epidural injections** can be done through the nerve exit holes at the side of the spine (**transforaminal epidural steroid injections or selective nerve root blocks**), or into the space above the nerves and fluid sac within the spinal canal (**interlaminar epidural steroid injection**). Occasionally, injections are done into the discs (**discography**) in order to determine if one or more discs are a cause of pain. The small nerves to the facet joints are occasionally targeted and cut by the use of a needle with a heatable tip (**radiofrequency neurotomies**).

These injections are performed using fluoroscopy (live x-ray) needle guidance to the target. This is necessary for optimal procedural accuracy and safety.

#### **The injection procedure includes the following steps:**

- An IV line will be started for safety and so that adequate relaxation medicine can be given, if needed.
- You will lie on an x-ray table and the skin over the area to be treated is well cleaned.
- The physician numbs a small area of skin with an anesthetic, which may sting for a few seconds, or uses a sufficiently skinny needle that this step may not be required.
- X-ray guidance (fluoroscopy) is used to position the needle tip. A small amount of contrast dye is then used to confirm that the needle tip is in an appropriate and safe position.
- A small mixture of anesthetic (such as Lidocaine) and possibly anti-inflammatory medication (corticosteroid) is then injected slowly.

The injection itself takes only a few minutes. You will be asked to arrive at the procedure site at least one hour before your scheduled procedure time, and you will be observed for 30 to 60 minutes following the procedure. You may be asked to demonstrate movements that provoke pain in the area in question, both before and after the procedure, in order to determine whether or not numbing the structure injected alleviates your pain. This is the diagnostic component of your procedure. You will also be asked to maintain a pain diary, with special attention given to the first several hours following your injection. It may take 2-3 days to feel the effects of the injection, and up to 10-14 days to see the maximum effect.

### **Potential Risks and Complications**

As with any invasive medical procedure, there are risks associated with spinal injections. In general, the risk is low and complications are rare. Potential risks and/or complications include: **Allergic reactions** (most commonly to x-ray contrast), **bleeding**, and **infection** (minor infection rate <1% of all injections with severe infections being rare, less than or equal to 0.1% of all injections), **worsening of pain, local injection site discomfort, Spinal headaches**, or **nerve or spinal cord damage paralysis** (very rare, but possible as a result of direct needle trauma or secondarily from infection, bleeding or injection into an artery).

In addition to these risks, it is **possible** to experience **side effects from the corticosteroid medication, if used**. These possible side effects include: **mood swings, irritability, anxiety or insomnia; dull headache, flushing or a feeling of warmth for several days, fluid retention, weight gain, elevated blood pressure, transient decrease in immunity, or elevation of blood sugar** (diabetic patients should inform their primary care physicians about the injection, prior to their procedure date, for guidance in managing their blood sugars). **Rarely**, general health complications can occur, if steroid use is excessive or prolonged. Notify your doctor if you have had multiple cortisone (steroid) injections within the last six months.

### **Important Pre-Injection Procedure Check List**

See Separate Handout

### **Post-Injection Precautions/Expectations**

See Separate Handout

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